MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12229

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince George ; Md
City or town (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 9 days
Stay in this community (yrs., or mos., or days) 9

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County -
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1148 - 19th ST. N.W. Wash D.C.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Coast Guard Service 1919-1920

3. (a) FULL NAME James Barnes

3. (b) Social Security Number not given

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	married (or Separated)

6 (b) Name of husband or wife separated
not given 6(c) If alive, give age not given years

7. Birth date of deceased (mo., day, yr.) May 20, 1903

8. AGE: Years	Months	Days	If less than one day
36	6	12	hrs. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Ernest Barnes.
13. Birthplace Charles Co Md
MOTHER 14. Maiden name Mamie Weedon
15. Birthplace Washington DC.
16. Informant Deceased
Address 1148 - 19th ST. N.W. Wash DC
17. Removal (Burial, cremation, or removal. Which?) Date thereof 12-9-39 (month) (day) (year)
Cemetery or crematory Desprit Morgue
Location Washington, D.C.
18. Funeral director
Address
19. Dec 9th 1939 (Date rec'd by registrar) Leo V. Almeida M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6th 1939, at 8:50 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 27th 1939, to Dec 6th 1939, and that I last saw him alive on Dec 6th 1939

Immediate cause of death	DURATION
Pulmonary Tuberculosis	9 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Pulmonary TB

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other
Address Glenn Dale Sanatorium Date signed 12/6/39
Glenn Dale, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12230

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Oxen Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Oxen Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Delia B. Beach

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Co	Widow

6 (b) Name of husband or wife William L. Beach
8(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 4, 1876

8. AGE:

Years	Months	Days	If less than one day
63	5	22	____ hrs. ____ min.

9. Birthplace Washington D.C.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business own home

FATHER
12. Name John McCarty
13. Birthplace Md.

MOTHER
14. Maiden name Annie Haynes
15. Birthplace Md.

16. Informant Edward Beach
Address 3146 Dumbarton St. N.W.
17. Removal (Burial, cremation, or removal. Which?) Date thereof Dec. 27, 1939 (month) (day) (year)
Cemetery or crematory
Location Washington D.C.
18. Funeral director W. W. Chambers Co.
Address Riverdale Md.
19. Dec 27 (Date rec'd by registrar) 1939 M. D. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 19 39 at 8:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Acute congestive heart failure	
Due to Cardio vascular renal disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James L Boyd M. D. or other
Address Forestville Md Date signed 12-27-39

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12231

STATE OF MARYLAND—CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

County Prince George Registration Dist. No. 231

Village or City Tuxedo No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Beall If U. S. Veteran, specify WAR

(a) Residence: No. Tuxedo Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert M. Beall

6. DATE OF BIRTH (month, day, and year) Feb-3-1887

7. AGE	Years	Months	Deys	If LESS than 1 day, hrs. or min.
	52	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry C. Loveless

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice V Suit

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Robert M. Beall Tuxedo — Md.

18. BURIAL, CREMATION, OR REMOVAL Place Ammendale Catholic Church Cemetery Date Dec-18, 1939

19. UNDERTAKER (Address) F. Gasch's Sons. Hyattsville, Md.

20. FILED Dec 17, 1939 F. Wm Norgle LOCAL Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1939, to Dec 15, 1939

I last saw her alive on Dec 15, 1939; death is said to have occurred on the date stated above, at 11.00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of descending colon.	6-12 Mo. Indefinite

Other Contributory Causes of importance:

Toxemia	11/30/39
Circulatory failure	

Name of operation Date of

What test confirmed diagnosis? X ray Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John P. Clum M. D.

(Address) Hyattsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

T

I

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

12232

Reg. Dist. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Capleytand
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Oakland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Ludwig Baer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1873

8. AGE:

Years	Months	Days	If less than one day
66	4	23	hrs. min.

9. Birthplace Washington DC.
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Paul John Baer
13. Birthplace Germany
MOTHER 14. Maiden name Fredrika Hartmann
15. Birthplace Germany
16. Informant Mrs Bessie F. Lynn
Address 3000 Evarts St NE DC
17. Removal (Burial, cremation, or removal. Which?) Date thereof Dec. 3 1939 (month) (day) (year)
Cemetery or crematory
Location Washington, D.C.
18. Funeral director W. W. Chambers Co.
Address 517-11th St. S.E. Wash. D.C.
19. Dec 3 1939 (Date rec'd by registrar) L. O Miner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1939, at 2.05 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
acute congestive heart failure	
Due to Cardio vascular renal disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other
Address Forestville Md. Date signed 12-3-39

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BUREAU F. B. I.

12233

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (193)

CERTIFICATE OF DEATH

Reg. Dist. No. 236

1. PLACE OF DEATH:

County Prince Georges

City or town Bowie
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Defense Highway

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Mitchellville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harold W. Brady

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Hazel Louise Hagan

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 14, 1914

8. AGE: Years 25 | Months 6 | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace: Prince Georges Co. Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farm

FATHER
12. Name: George W. Brady
13. Birthplace: Maryland

MOTHER
14. Maiden name: Anna Kidwell
15. Birthplace: Maryland

16. Informant: George W. Brady
Address: Mitchellville Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec 24 1939 (month) (day) (year)

Cemetery or crematory: White Marsh Cemetery

Location: Collington Md

18. Funeral director: L Gasch's Sons

Address: Hyattsville Md

19. Dec. 23 1939 (Date rec'd by registrar) Effie Pumphrey Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 21 1939, at 4:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Electrocution

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 12-21-39

Where did injury occur? Bowie Pr Geo Co. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Defense Highway

Means of injury: Fell across line wire Injured at work? yes.

23. SIGNATURE: James I. Boyd M. D. ~~or other~~

Address: Forestville Md Date signed 12-21-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JAN 6 1944
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

12234

Reg. Dist. No. 242

1. PLACE OF DEATH:
County Pr. Geo. Co.
City or town Seat Pleasant md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Hill Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 31 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr. Geo Co.
City or town Seat Pleasant Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Hill Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillian Katherine Brown

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband Bernard F Brown
6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) July 30 1878

8. AGE:

Years	Months	Days	If less than one day
61	4	20	hrs. min.

9. Birthplace Cheltenham, Pr Geo Co. Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER 12. Name Richard Curtin
13. Birthplace Cheltenham Md.
MOTHER 14. Maiden name Katherine Selby
15. Birthplace Cheltenham Md.
18. Informant Mr. B. F. Brown
Address Rte 1 Benning Sta D.C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 24, 1939 (month) (day) (year)
Cemetery or crematory Addison Chapel, Md.
Location Seat Pleasant, Md.
18. Funeral director Wm. H. Sardo & Co.
Address 412-H street, N.E., Wash, D.C.
19. 12-21 — 1939 Irene A. Conner
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1939, at 4:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1, 1939, to Dec 21 1939, and that I last saw her alive on Dec 21 1939

Immediate cause of death	DURATION
Cerebral hemorrhage	2 hours
Due to arteriosclerotic cardio vascular renal syndrome	10 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W Scott Ritchie MD
M. D. or other
Address Rte 1 Benning Sta D.C. Date signed Dec 21 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94f)

CERTIFICATE OF DEATH

12235

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Mt Rainier Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 30

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Mt. Rainier Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3110 Bunker Hill Rd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Daniel Aloysius Campbell

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Wh	married

6 (b) Name of husband or wife: Mrs Harriett L. Campbell

6(c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): June 27 1886

8. AGE:

Years	Months	Days	If less than one day
53	5	21	____ hrs. ____ min.

9. Birthplace: Washington DC.
(Town, county, and state)

10. Usual occupation: Pressman

11. Industry or business: U.S. Govt Printing Office

FATHER
12. Name: Mr. John Campbell
13. Birthplace: Wash. D.C.

MOTHER
14. Maiden name: Catherine Clancy
15. Birthplace: Ireland

16. Informant: Mr. John J. Campbell (Deceased's Brother)
Address: 1407 Buchanan St. N.W. Wash. D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 20, 1939 (month) (day) (year)

Cemetery or crematory: Mt Olivet

Location: Washington D C

18. Funeral director: L Blascha Sons

Address: Hyattsville Md

19. (Date rec'd by registrar) 19 38 Henry Valley Hyde Registrar

MEDICAL CERTIFICATION (E.S.T.)

20. DATE OF DEATH: Dec. 18 1939, at 6:25 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2 1939, to Dec 18 1939, and that I last saw him alive on Dec 18 1939.

	DURATION
Immediate cause of death: Acute Coronary Occlusion	10 mins (approx)
Due to: Coronary Sclerosis	2 yrs
Due to:	
Other conditions: Previous right partial Hemiplegia 6 months ago (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: none	

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Maurice D. Rosenberger M.D.
M. D. or other

Address: Mt. Rainier Maryland Date signed: 12/18/39

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JAN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

12261

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince George's

City or town: Glenarden, Maryland (If outside city or town limits, write RURAL or NEAR and give town)

Street address, hospital, or institution: First Street & Glenarden Pkwy

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 13 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Pr George's

City or town: Glenarden Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: First St. & Glenarden Pkwy (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3.(a) FULL NAME: Clark, Bessie Morton

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband ~~or wife~~: Clark, William B.

6(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Jan 29, 1880

8. AGE: Years: 59 | Months: 10 | Days: 7 | If less than one day: hrs. min.

9. Birthplace: Boydton, Virginia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Goode, Arthur

13. Birthplace: Tennessee

MOTHER — 14. Maiden name: Johnson, Martha

15. Birthplace: Boydton, Virginia

16. Informant: Clark, Wm B

Address: Glenarden, Maryland

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory: Glenarden

Location: Md.

18. Funeral director: Thos. Frazier

Address: 389 R. I. Ave, N.W.

19. 12-6 1939 (Date rec'd by registrar) Mrs. John M. Hoover D.L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 6 1939, at 1:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 16 1939 to Dec 6 1939 and that I last saw her alive on December 6 1939.

	DURATION
Immediate cause of death: Interstitial nephritis	1 yr
Due to: Arteriosclerosis	4 yrs.
Due to:	
Other conditions: Non congestive myocardial degen. (Include pregnancy within 3 months of death)	

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Theodore Pinakney M. D.

Address: 4832 Deane Ave. N.E. Date signed: 12/14/40

D.C.

RECEIVED
FEB 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95E)

12236

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

Reg. Dist. No. 2X6

1. PLACE OF DEATH:

County 3971 Rainier Ave

City or town Mt. Rainier Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Lo Yr

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges Co.

City or town Mt. Rainier Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3971 Rainier Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Emma May Crump

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	wh	married

6 (b) Name of husband or wife Mr. George Wm Crump.

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) July 9, 1893

8. AGE:

Years	Months	Days	If less than one day
46	5	—	hrs. min.

9. Birthplace Clarksburg Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name Mr. Robert F. Gibson
13. Birthplace Montgomery Co. Md.

MOTHER
14. Maiden name Florence Maud Thompson
15. Birthplace Montgomery Co. Md.

16. Informant Mr. Geo W. Crump (Husband)

Address 3971 Rainier Ave Mt. Rainier Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 9, 1939 (month) (day) (year)

Cemetery or crematory Ft Lincoln

Location Cottage City Md

18. Funeral director F. Gasch's sons

Address Hyattsville Md

19. Dec 8 39 Harry Valley M D
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1939, at 2:10 P.M. (E.S.T.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 5 1939, to Dec. 7 1939, and that I last saw her alive on Dec. 7 1939

Immediate cause of death Cardiac Asthma — DURATION 2 days

Due to Bronchial Asthma since 17 yrs age.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Maurice D. Rosenberger (M.D.)
M. D. or other

Address Mt. Rainier Md. Date signed 12/7/39

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JAN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12237

1. PLACE OF DEATH (49-A)

County Prince George Registration Dist. No. 235

Village or City Boulevard Heights, Md. No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie M. Distl If U. S. Veteran, specify WAR

(a) Residence: No. 4330 Townsend Ave. St., Ward
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Distl

6. DATE OF BIRTH (month, day, and year) Jan 19 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charles Co.
(State or country) Md.

FATHER

13. NAME Johnson Higgs

14. BIRTHPLACE (city or town)
(State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Swann

16. BIRTHPLACE (city or town)
(State or country) Md.

17. INFORMANT George Distle
(Address) 4330 Townsend Ave. Blvd. Hgts

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cemetery Date Dec 6, 1939

19. UNDERTAKER James J. Ryan Inc
(Address) 317 Pa Ave S.E.

20. FILED 12-5, 1939 Thos. D. Guffrett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 9-4-39, 19, to 12-4, 1939
I last saw her alive on 12-2, 1939; death is said to have occurred on the date stated above, at 2 9 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Sarcoma of the Ovary

Date of onset

Other Contributory Causes of Importance:
Heart failure

Name of operation Removal of Ovary Date of 10-27-39.
Whet test confirmed diagnosis? Yes Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? —
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
—
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) Julian M. Howe M. D.
(Address) 1309 R. Ave N.W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

BUREAU V. S.
JAN 4 1940
RECEIVED

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (948)

12238

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
County Pro Georges Co.
City or town Lanham Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Pro Georges
City or town Lanham Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Lanham Rural Route RFD #1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Cacelia Sloty

3. (b) Social Security Number

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife Benjamin H. Sloty
6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Dec 27, 1866

8. AGE: Years 73 | Months 0 | Days 4 | If less than one day ___ hrs. ___ min.

9. Birthplace New York City New York
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Brickwedel
13. Birthplace Germany

MOTHER
14. Maiden name Margaret Cecelia Marshall
15. Birthplace New York City N.Y.

16. Informant Wilbur I. Sloty
Address 602½ Boulevard, Falls Church Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 3, 1940 (month) (day) (year)
Cemetery or crematory Ft Lincoln
Location Washington DC

18. Funeral director F. Gasch's Sons
Address Hyattsville Md

19. Jan. 1 1940 (Date rec'd by registrar) Mrs. John W. Howard P.L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31, 1939, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1, 1939, to Dec. 31 1939, and that I last saw her alive on Dec. 31 1939.

Immediate cause of death: Coronary sclerosis
Due to
Due to
Other conditions: Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George J. Ellis, M.D. M. D. or other
Address 656 E. Cap. St. Date signed Dec 31, 1939

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12239

Reg. Diat. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Laurel

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Laurel Sanitarium

Stay in hospital or inst. (yrs., or mos., or days) 1 yr. 3 Mo. 20 d

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State South Carolina County

City or town Camden Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1704 Lais St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Palmer Clisby Du Bose

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Elizabeth A. Jenks

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) October 31, 1880

8. AGE:

Years	Months	Days	If less than one day
59	1	17	hrs. min.

9. Birthplace Shanghi, China (Town, county, and state)

10. Usual occupation Minister (Missionary)

11. Industry or business

FATHER

12. Name Hamden Coit Du Bose

13. Birthplace South Carolina

MOTHER

14. Maiden name Pauline McAlpine

15. Birthplace Georgia

18. Informant Sanitarium Records

Address Laurel San., Laurel, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 19-1939 (month) (day) (year)

Cemetery or crematory Camden South

Location South Carolina

18. Funeral director The W. C. White Co. Inc.

Address Laurel Md

19. Dec 18 (Date rec'd by registrar) 1939 M. Brashears Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1939, at 12 15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 28 1938 to Dec. 17 1939, and that I last saw him alive on Dec. 17 1939

Immediate cause of death	DURATION
Cardiac decompensation	12/12/39
Due to General arteriosclerosis	duh
Due to Cerebral hemorrhage	1927
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Wetherell M. D. or other

Address Laurel Sanitarium Laurel, Maryland Date signed 12/17/39

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12240

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or Inst. (yrs., or mos., or days): 2 - 3 - 28
Stay in this community (yrs., or mos., or days): 2 - 3 - 28

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 468 - K. St. N. W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Richard Engle

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife: Mary Engle
6(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): Feb. 13 - 1899

8. AGE:

Years	Months	Days	If less than one day
40	9	28	hrs. min.

9. Birthplace: Mt Pleasant, Pa.
(Town, county, and state)
10. Usual occupation: Steam fireman
11. Industry or business:
FATHER 12. Name: John Engle
13. Birthplace: Unknown
MOTHER 14. Maiden name: Margaret Keefe
15. Birthplace: Unknown
16. Informant: Deceased and Hospital Records
Address:
17. Removal (Burial, cremation, or removal. Which?) Date thereof: Dec 11 1939 (month) (day) (year)
Cemetery or crematory:
Location: Washington D. C.
18. Funeral director: W. W. Chambers
Address: 1400 - Chapin St. N. W.
19. 12 - 11 - 1939 (Date rec'd by registrar) Leo V. Wheeler M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 11 1939 at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8 - 13 1937 to 12 - 11 - 1939 and that I last saw him alive on 12 - 11 - 1939

Immediate cause of death	DURATION
Pulmonary Tuberculosis	3 yrs. 10 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other
Address: Glenn Dale Sanitorium Date signed: 12 - 11 - 39
Glenn Dale, Md.

RECEIVED
DEC 18 1939
FORT LEAVENWORTH, KANSAS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12241

CERTIFICATE OF DEATH

Reg. Dist. No. 731

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County: Prince George
City or town: Cottage City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 26 Spa Street
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 21 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince George
City or town: Cottage City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 26 Spa Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Benjamin George Finch

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Bessie Finch
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): December 14, 1887
8. AGE: Years: 52 Months: — Days: 4 If less than one day: hrs. min.
9. Birthplace: Washington, D.C. (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Agriculture Dept.
FATHER 12. Name: Paul Finch
13. Birthplace: Washington D.C.
MOTHER 14. Maiden name: Mary Jane Thecker
15. Birthplace: Washington, D.C.
16. Informant: Wm A. Black (Brother)
Address: 1271½ Morse St., N.E.
17. Removal (Burial, cremation, or removal. Which?) Date thereof 12/18/39 (month) (day) (year)
Cemetery or crematory:
Location: Washington, D. C.
18. Funeral director: Wm. H. Sando & Co.
Address: 412-H Street N.E.
19. 12-18 1939 (Date rec'd by registrar) M. D. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 18 1939, at 1:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11 1939, to Dec 18 1939, and that I last saw him alive on Dec 17th 1939.

	DURATION
Immediate cause of death: Streptococcus Septicemia	
Due to: Bacterial Endocarditis	
Due to: Mitral Stenosis and regurgitation	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Henry J. Hadley M.D. or other
Address: 1252 6th St NW Date signed:

RECEIVED
FEB 6 1940
BUREAU V. A.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12242

(119)

1. PLACE OF DEATH

County Louise Queen Anne's Registration Dist. No. 237

Village or City Queenstown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Lewis Grimes If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 27/39.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Queenstown Md.
(State or country)

FATHER

13. NAME John H. Grimes

14. BIRTHPLACE (city or town) Queenstown Md
(State or country)

MOTHER

15. MAIDEN NAME Lucinda DuMar.

16. BIRTHPLACE (city or town) Queenstown.
(State or country)

17. INFORMANT John N. Grimes
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Church Cem. Date Dec 5, 1939

19. UNDERTAKER A. J. Grimes
(Address) Queenstown Md.

20. FILED Dec 4, 1939 H. B. Coulter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 3 (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1939, to Dec 3, 1939

I last saw h.. alive on Dec 1, 1939; death is said to have occurred on the date stated above, at 10 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Dr fulm cerebrum (Dying)	Nov. 30

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh M. Grimes M. D.

(Address) Queenstown Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12243

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince George
City or town Rural near Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 yr - 5 mos 23 days
Stay in this community (yrs., or mos., or days) Same -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County D.C.
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1124 - 11th St. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clara B. Grochowsky

3. (b) Social Security Number none -

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Chas F. Grochowsky

6(c) If alive, give age Not Given years

7. Birth date of deceased (mo., day, yr.) Jan 22 - 1905

8. AGE:

Years	Months	Days	If less than one day
34	10	17	____ hrs. ____ min.

9. Birthplace Minneapolis Minn.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Louis Hagler
13. Birthplace Illinois

MOTHER
14. Maiden name Emma Wheelock
15. Birthplace Minn.

16. Informant Deceased
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof 12/9/39 (month) (day) (year)

Cemetery or crematory

Location Washington, D.C.

18. Funeral director W. W. Chamberlain Co.
Address 1400 Chapin St. N.W.

19. 12/9 19 39 (Date rec'd by registrar) Leo V. Tolmide M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/8 19 39, at 11:50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 19 38, to Dec 8 19 39
and that I last saw h~~er~~ alive on Dec 8 - 19 39

Immediate cause of death Pulmonary Tuberculosis — DURATION 2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not performed -

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Lee Finucane M.D.
M. D. or other
Address Glenn Dale Sanatorium Date signed 12/8/39
Glenn Dale, Md.

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DEC 15 1939
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12244

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince George

City or town: Hyattsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mother Jones Rest Home.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Rachael Hamlet.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widow.

B (b) Name of husband or wife: George B. Hamlet.

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.):

8. AGE:

Years	Months	Days	If less than one day
79			hrs. min.

9. Birthplace: Newark, Ohio.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business:

FATHER
12. Name: unknown
13. Birthplace: Germany.

MOTHER
14. Maiden name: Alacent Loraine.
15. Birthplace: France.

16. Informant: Helen Hamlet Smith.
Address: Washington, D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 9th. 1939 (month) (day) (year)

Cemetery or crematory: Fort Lincoln.

Location: Cottage City, Md.

18. Funeral director: Harold J. Baltzell
Address: 436 - 7th. St. S.W. Wash. D.C.

19. Dec. 7 19 39 (Date rec'd by registrar) Mrs Jas. Severe Deputy Local Registrar

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH: December 6th. 1939, at 8-30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 6 19 39, to Dec. 6 19 39, and that I last saw h alive on Dec. 6 19 39.

Immediate cause of death	Acute Cardiac Dilatation	DURATION 12/6
Due to	Myocarditis Chr.	?
Due to	Senile Dementia	?
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Walter Lear M. D. or other
Address: Riverdale, Md. Date signed 12/6/39

RECEIVED
JAN 6 1940
BUREAU V. S.

12245

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (82-a)

County Prince George Registration Dist. No. 242

Village or City Cedar Heights No. 6405 Homer St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Eliza Harris If U. S. Veteran, specify WAR

(a) Residence: No. 6405 - Homer St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles D Harris (Deceased)

6. DATE OF BIRTH (month, day, and year) 1868

7. AGE Years 71 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poolesville Md

FATHER

13. NAME Peter Jones

14. BIRTHPLACE (city or town) (State or country) Poolesville Md

MOTHER

15. MAIDEN NAME Dorcas Davis

16. BIRTHPLACE (city or town) (State or country) Poolesville, Md

17. INFORMANT (Address) Mary Dorsey Cedar Hgts. Md

18. BURIAL, CREMATION, OR REMOVAL Place Moser Cemetery Montg. Co. Md. Date 12/7, 1939

19. UNDERTAKER (Address) W. Ernest Jarvis 1432 - York St N.W.

20. FILED 12-5, 1939 Irene A. Conner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1939, to Dec. 5, 1939

I last saw her alive on Dec. 5, 1939; death is said to have occurred on the date stated above, at 11:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	5 days
Hypertension	3 yrs

Other Contributary Causes of importance:

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Harrison C. Beldon M. D.

(Address) Fairmount Hgts. Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 5 1940 U.S. BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12246

1. PLACE OF DEATH

County Prince Geo. Registration Dist. No. 2-45

Village or City Brentwood No. St., Ward

(If death occurred in a horpital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gladys B. Hawkins

(a) Residence: No. 202 - Church St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School girl

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME John T. Hawkins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Marie Dyer

16. BIRTHPLACE (city or town) (State or country) Wash D.C.

17. INFORMANT Marie Hawkins
(Address) 202 Church St.

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date 12/13/, 1939

19. UNDERTAKER John T. Stewart
(Address) 30 A St. N.E.

20. FILED Dec. 10, 1939 Mrs. Jas. Severe
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH DECEMBER 10, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1939, to Dec 10, 1939

I last saw her alive on Dec 10, 1939; death is said to have occurred on the date stated above, at 1.40 A.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	11-21-39
Influenza (By History)	10-24-39
Other **Contributory Causes** of Importance:	
Diphtheria (By History)	1935

Name of operation None Date of

What test confirmed diegnosis? Was there en autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank H. Ingg M.D.

(Address) 1601 North Capitol St. WASH. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12247

107-21

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:

County Prince Georges

City or town Cheltenham

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Cheltenham Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Miraculous Betty Yvonne Haywood

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1939

8. AGE: Years | Months 6 | Days 29 | If less than one day hrs. min.

9. Birthplace Rosaryville Md (Town, county, and state)

10. Usual occupation home

11. Industry or business

FATHER 12. Name Kenneth Haywood

13. Birthplace Texas

MOTHER 14. Maiden name Catherine Nelson

15. Birthplace Maryland

16. Informant Cathernia Haywood

Address Cheltenham

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 30/39 (month) (day) (year)

Cemetery or crematory Cemetery at Rosaryville

Location Rosaryville Md.

18. Funeral director Hewitt & Ryon

Address Waldorf, Md.

19. Dec 30 1939 F.H. Billingsley local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1939 at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19; and that I last saw h alive on 19.

Immediate cause of death	DURATION
acute Congestive heart failure	
Due to Bronchopneumonia	
Due to The bronchopneumonia was primary. There was no associated diseases. C.W.S.R.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James W Boyd M. D. or other

Address Forestville Md Date signed 2-24-39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

12248

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 3 yrs - 3 mos 29 days
Stay in this community (yrs., or mos., or days) 3 yrs - 3 mos - 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1145 New Hampshire Ave. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Bernard Hipp

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Oct. 19, 1903

8. AGE: Years	Months	Days	If less than one day
36	1	23	____ hrs. ____ min.

9. Birthplace: Minnesota (Town, county, and state)

10. Usual occupation: Bricklayer

11. Industry or business:

FATHER
12. Name: Frank Joseph Hipp
13. Birthplace: Minnesota

MOTHER
14. Maiden name: Anna Zettle
15. Birthplace: Austria

16. Informant: Deceased
Address: 1145 N.H. Ave. N.W. Washington D.C

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 19 1939 (month) (day) (year)
Cemetery or crematory: Mt. Olivet
Location: Washington, D.C.

18. Funeral director: H. St. G. Saunders
Address: 918 Cleveland Ave., Riverdale Md.

19. Dec 14 19 39 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 12, 1939, at 7 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 13 1936, to Dec 12 1939, and that I last saw him alive on Dec. 12, 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	3 yrs 3 mos
Due to	Poss history
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — — — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other
Address: Glenn Dale Sanatorium Date signed: Dec 12/39
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (948)

12249

CERTIFICATE OF DEATH

Reg. Dist. No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Pr. Geo Co
City or town: Bellteville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Pr. Geo. Co
City or town: Bellteville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Jacob Ernest Holland.

3. (b) Social Security Number: 218-07-1326

4. Sex: Male
5. Color or race: Negro
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Florence S. Holland
6(c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): May 28, 1879
8. AGE: Years: 60 Months: 6 Days: 7 If less than one day: hrs. min.
9. Birthplace: Brandywine Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Charlie Holland
13. Birthplace: Unknown
MOTHER 14. Maiden name: Nancy ?
15. Birthplace: Unknown
16. Informant: Florence S. Holland
Address: Bellteville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 9 1939 (month) (day) (year)
Cemetery or crematory: Queen Chapel Cem
Location: Hyattsville Md
18. Funeral director: J. B. Thomas
Address: Hyattsville Md
19. Dec 7 1939 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 5 1939, at 2:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 4 1939, to Dec 4 1939, and that I last saw him alive on Dec 4 1939.

	DURATION
Immediate cause of death: Coronary Thrombosis	12 H-X
Due to: Arteriosclerosis	—
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: injured at work?

23. SIGNATURE: J. M. Warren M.D.
M. D. or other
Address: Laurel Md Date signed: 12-5-39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

12250

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges County

City or town: Riggs Rd; S Hyatts. Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Riggs Rd. - Mother Jones Rest Home

Stay in hospital or inst. (yrs., or mos., or days): 5 yrs. 6 mos.

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Geo's

City or town: Hyattsville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 69 Shepherd St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Charles Hyde

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Alice M Hyde

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): June 13 1848

8. AGE: Years: 94 | Months: 5 | Days: 23 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Vermont (Town, county, and state)

10. Usual occupation: Farmer

14. Industry or business:

FATHER — 12. Name: George Hyde

13. Birthplace: Vermont

MOTHER — 14. Maiden name: Unknown

15. Birthplace:

16. Informant: Wm H Hyde

Address: 909 Berrly Drive Alex Va

17. removal (Burial, cremation, or removal. Which?) Date thereof: Dec. 6 1939 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location:

18. Funeral director: M. H. Hunteemann

Address: 5752 Ga Ave. Washington DC

19. Dec 6 1939 (Date rec'd by registrar) Mrs Jas. Devere Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 6 1939, at 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 4 1939 to Dec 6 1939 and that I last saw him alive on Dec 6 1939.

	DURATION
Immediate cause of death: Uremia	12/4/39
Due to: Nephritis Chr.	?
Due to: Arteriosclerosis Hypocardia Chr	? ?
Other conditions: Prostatetis	?

(Include pregnancy within 3 months of death)

Major findings:

01 operations:

01 autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Martin Keane M. D. of other

Address: Riverdale Md Date signed: Dec 6. 1939

RECEIVED
JAN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12251

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

County Prince George Registration Dist. No. 234

Village or City Oxon Hill, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidance in city or town where death occurred 1 yrs. 2 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Jackson If U. S. Veteran, specify WAR

(a) Residence: No. Anacostia D.C., R#2 St., Ward.

(Usual place of abode) Fort Foote, Md. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of Caroline Jackson

6. DATE OF BIRTH (month, day, and yaar) July 17, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	7	

OCCUPATION

8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Farming

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data daceasad last workad at this occupation (month and yaar)

11. Total time (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Accokek Md. (State or country)

FATHER

13. NAME Robert Jackson

14. BIRTHPLACE (city or town) Accokek, Md. (State or country)

MOTHER

15. MAIDEN NAME Nancy Batson

16. BIRTHPLACE (city or town) T. B. Md. (Stata or country)

17. INFORMANT Hanson Jackson (Address) Bonifat, md

18. BURIAL, CREMATION, OR REMOVAL Place Piscataway Oate Dec. 23, 1939

19. UNDERTAKER Huntt & Ryon (Addrass) Waldorf, Md.

20. FILED Dec 22, 1939 Mrs. Alton Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 20 (Day), 1939 (Yaar)

22. I HEREBY CERTIFY, That I attanded daceased from July 24, 1939, to Dec 20, 1939

I last saw him alive on Dec 20, 1939; daath is said to hava occurred on tha data stated abova, at 7 P. m.

Tha **PRINCIPAL CAUSE OF DEATH** and ralated causes of importanca wara as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	1939. Unknown

Other **Contributory Causes** of importance:

Marked General arteriosclerosis with Hypertension.	Unknown

Neme of oparation None Date of —

What tast confirmed diagnosis? None Was thare an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicida? — Date of Injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury

Nature of injury

24. Was disease or Injury in eny way related to occupation of deceased? No

If so, specify —

(Signad) Paul C. Van Natta M. D.

(Addrass) Bennings D.C. R#1,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1916*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12252

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince George
City or town Rural Near Glenn Dale Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days) Yrs 1 - mos 10 - days 13
Stay in this community (yrs., or mos., or days) Same -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County D.C.
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 18 - E. st. S.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Quentin Johnson

3. (b) Social Security Number None -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife —
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 9 - 1919

8. AGE:

Years	Months	Days	If less than one day
20	2	6	____ hrs. ____ min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Student
11. Industry or business —

FATHER
12. Name Joseph Johnson
13. Birthplace Virginia

MOTHER
14. Maiden name Mahala James
15. Birthplace Virginia

16. Informant Dedicant
Address —

17. Removal (Burial, cremation, or removal. Which?) Date thereof 12 - 15 - 39 (month) (day) (year)
Cemetery or crematory —
Location Washington D.C.
18. Funeral director Walter E. Hunter
Address 2503. Nicholas ave. S.E.
19. Dec 15 19 39 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 - 1939, at 7.35 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb. 2 - 1938, to Dec 15 - 1939, and that I last saw him alive on Dec 15 - 1939

Immediate cause of death	DURATION
Pulmonary Tuberculosis	4 yrs.
Due to —	
Due to —	
Other conditions Diabetes mellitus	5 yrs.

(Include pregnancy within 3 months of death)

Major findings: —
Of operations —
Of autopsy No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other
Address Glenn Dale Sanatorium Date signed 12/15/39
Glenn Dale, Md.

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

12253

CERTIFICATE OF DEATH

Reg. Dist. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Oaklend
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 48 yrs 5 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Oaklend Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mamie Laura Kasulke

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1881

8. AGE: Years 48 | Months 5 | Days | If less than one day hrs. min.

9. Birthplace Oakland Prince Geo Co Md (Town, county, and state)
10. Usual occupation merchant.
11. Industry or business Farm Produce
FATHER 12. Name Carl Kasulke
FATHER 13. Birthplace Germany
MOTHER 14. Maiden name Lina A. Wiesler
MOTHER 15. Birthplace Germany
16. Informant Nellie Healy
Address Oakland Prince Geo Co Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 17 1939 (month) (day) (year)
Cemetery or crematory Epiphany Church Cemetery
Location Forestville Maryland
18. Funeral director Harry M. Flagg
Address 131 - 11th St. S.E. Washington D.C.
19. 12/15 (Date rec'd by registrar) 19 39 Thos. D. Griffith, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1939 at 6.25 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 2 1939 to Dec 15 1939, and that I last saw h[illegible] alive on Dec 14 1939.

	DURATION
Immediate cause of death Carcinoma of Liver	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James D. Boyd M.D. or other
Address Forestville Md Date signed 12-15-39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (131)

12254

Reg. Dist. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Oakland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 60 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Oakland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jena Augusta Kasulke

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Karl Kasulke
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 3, 1854

8. AGE:

Years	Months	Days	If less than one day
85	3	1	____ hrs. ____ min.

9. Birthplace Germany (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden name Unknown
15. Birthplace Germany

16. Informant Arminta Selby
Address Bennings N.E. Route 1

17. (Burial, cremation, or removal. Which?) Date thereof 12/7/39 (month) (day) (year)
Cemetery or crematory Epiphany.
Location Forestville, Md.

18. Funeral director Harry M. Padgett
Address 131-11th St. S.E. Washington D.C.

19. 12-4-1939 (Date rec'd by registrar) Thos D. Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1939, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 3 1939, to Dec 4 1939, and that I last saw h- alive on Dec 4 1939.

Immediate cause of death	DURATION
Uremia	
Due to Cardiovascular renal disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James J. Boyd M.D. or other
Address Forestville Md Date signed 12-4-39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12255

CERTIFICATE OF DEATH

51-C

Reg. Dist. No. 230

1. PLACE OF DEATH:

County: Pro Georges

City or town: Berwyn Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 28 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Pro Georges

City or town: Berwyn Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Berwyn Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: John J. Kleiner - Jr

3. (b) Social Security Number: no

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Eliza B Kleiner

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 14, 1874

8. AGE: Years: 65 yrs | Months: 4 | Days: 29 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Indianna (Town, county, and state)

10. Usual occupation: Real estate

11. Industry or business: owned business

FATHER

12. Name: John J. Kleiner

13. Birthplace: Germany

MOTHER

14. Maiden name: Nellie Davidson

15. Birthplace: unknown

16. Informant: R. Murray Kleiner

Address: Berwyn Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 15, 1939 (month) (day) (year)

Cemetery or crematory: Rock Creek Cemetery

Location: Washington D.C.

18. Funeral director: F. Gascha sons

Address: Hyattsville Md

19. Dec-13-1939 (Date rec'd by registrar) John D Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 12 1939, at 11 20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938 19__, to December 12 1939, and that I last saw him alive on December 12 1939.

Immediate cause of death: Carcinoma of Prostate and Bladder

DURATION: 1½ years

Due to: Primary Carcinoma of prostate gland. C.W.G.R.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: — Injured at work? —

23. SIGNATURE: W. Allen Griffith M. D. or other

Address: Berwyn Md Date signed: 12/13/39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

12256

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince George's Co.
City or town: Riverdale (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 312 Buchanan St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 27 yrs 5 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Prince Georges
City or town: Riverdale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 312 Buchanan
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ida Remney Lawton

3. (b) Social Security Number:

4. Sex: F
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Widowed
(b) Name of husband or wife: Harry Williams Lawton
(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Oct 6, 1863
8. AGE: Years: 76 Months: 2 Days: 23 If less than one day: hrs. min.
9. Birthplace: Albany Albany Co. N.Y. (Town, county, and state)
10. Usual occupation: House Wife
11. Industry or business:
FATHER 12. Name: George Remney
13. Birthplace: Troy N.Y.
MOTHER 14. Maiden name: Matilda Wood
15. Birthplace: Albany N.Y.
16. Informant: Herbert B. Lawton
Address: 111 Jefferson Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/31/39 (month) (day) (year)
Cemetery or crematory: Ft. Lincoln
Location: Washington D.C.
18. Funeral director: F. Gaschi sons
Address: Hyattsville Md.
19. Dec 30 1939 (Date rec'd by registrar) Jas Deese Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 29 1939, at 1 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1939, to Dec 29 1939.
and that I last saw h alive on Dec 29 1939.

	DURATION
Immediate cause of death: Acute Cardiac Dilatation	12/29
Due to: Chr Myocarditis	?
Due to: Uremia — Nephritis	1938
Other conditions: Diabetes Mellitus	1930

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Martin Keane M. D. or other
Address: Riverdale Md Date signed: 12/30/39

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12357 273

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale Sanatorium - Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 5 mo 14 days
Stay in this community (yrs., or mos., or days): 10 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: District of Columbia County:
City or town: Washington Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 342 F St. S.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Lee, Elmer Joseph

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

B (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 19 1921

8. AGE:

Years	Months	Days	If less than one day
18	0	15	hrs. min.

9. Birthplace: Washington D.C.
(Town, county, and state)
10. Usual occupation: Student
11. Industry or business

FATHER
12. Name: Joseph Lee
13. Birthplace: Washington, D.C.

MOTHER
14. Maiden name: Dorothy Dorsey
15. Birthplace: Baltimore, Md.

16. Informant: Hospital record
Address

17. Removed (Burial, cremation, or removal. Which?) Date thereof: 12 3 39 (month) (day) (year)
Cemetery or crematory:
Location: Washington D.C.
18. Funeral director: Stewarts Funeral Home
Address: Hardy M. Stewart, Jr. #60 -H- N.E. Wash. D.C.
19. Dec 3rd 1939 (Date rec'd by registrar) Leo V. Bleicher M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 3 1939, at 3:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 1939, to Dec. 3 1939, and that I last saw him alive on Dec. 3. 1939

	DURATION
Immediate cause of death: Pulmonary tuberculosis	5½ mo
Due to:	
Due to:	
Other conditions: Tuberculous pleurisy	2 mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Lee Fonseca M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed: 12/3/39
Glenn Dale, Md.

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12258

(23) NP

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince George's
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 8 mos. 26 days
Stay in this community (yrs., or mos., or days): 8 mos. 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: District of Columbia County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1418 Douglas st., n.w. Apt #2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No ✓

3. (a) FULL NAME: Rose Lee Manley

3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband ~~or wife~~: George Wm Manley
6(c) If alive, give age: 44 years
7. Birth date of deceased (mo., day, yr.): February 5, 1908
8. AGE: Years: 31 Months: 10 Days: 2 If less than one day: hrs. min.
9. Birthplace: Tala Lassee, Fla. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: Andrew Brown
13. Birthplace: Georgia
MOTHER
14. Maiden name: Mary Gault
15. Birthplace: Georgia
16. Informant: Deceased
Address: above
17. Removal (Burial, cremation, or removal. Which?) Date thereof: 12-8-39 (month) (day) (year)
Cemetery or crematory: Wash. D.C. 12 8 39
Location: Washington D.C.
18. Funeral director: Joseph C. Janifer
Address: 1144 - 22 St. N.W.
19. Dec 8th 1939 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 7 1939, at 7 10 p.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 11 1939, to Dec 7 1939, and that I last saw her alive on Dec 7, 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 5 yrs.
Due to
Due to
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: Pulmonary Tuberculosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Daniel Lee Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed: 12/7/39
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 15 1939
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12259

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 mos 10 days
Stay in this community (yrs., or mos., or days) 1 mos 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3226 - 8th St. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Robert McClough

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1905

8. AGE:

Years	Months	Days	If less than one day
31	5	25	hrs. min.

9. Birthplace Piedmont W. Va.
(Town, county, and state)
10. Usual occupation Presser
11. Industry or business
FATHER 12. Name Jesse James McClough
13. Birthplace Glenwood S. C.
MOTHER 14. Maiden name Maddy Johnson
15. Birthplace Greenwood, S. C.
16. Informant Deceased
Address Same
17. Removal (Burial, cremation, or removal) Which?) Date thereof 12/10/39 (month) (day) (year)
Cemetery or crematory
Location Washington D. C.
18. Funeral director John J. Rhine
Address 961 3 St S.W.
19. Dec 10 1939 (Date rec'd by registrar) Leo V. Kleineider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9, 1939, at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 26 1939, to Dec. 9 1939, and that I last saw h[illegible] alive on Dec. 9, 1939 19

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 yr.
Due to	
Due to	
Other conditions Pulmonary Edema (Acute) Hypostatic	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy yes

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Finucane M.D.
M. D. or other
Address Glenn Dale Sanatorium Date signed 12/9/39
Glenn Dale, Md.

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12260

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Rural Near Glenn Dale md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 mo - 22 days
Stay in this community (yrs., or mos., or days) 1 mo - 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D. C. County D. C.
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 938 - 24th St. NW.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Jessie McCoy

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Jesse McCoy -
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 21 - 1910

8. AGE: Years	Months	Days	If less than one day
29	0	8	——hrs. ——min.

9. Birthplace Clinton S. C.
(Town, county, and state)
10. Usual occupation General House Work
11. Industry or business —

FATHER
12. Name Rufus Jones
13. Birthplace Clinton S. C.

MOTHER
14. Maiden name Lavinia Dainty
15. Birthplace Clinton S. C.

16. Informant Deceased
Address —

17. Removal (Burial, cremation, or removal. Which?) Date thereof 12-29-39 (month) (day) (year)
Cemetery or crematory
Location
18. Funeral director Robinson Co. per J. E. Chinn
Address 1342-4-N.W. Wash. D.C.
19. Dec 29th 1939 (Date rec'd by registrar) Leo V. Klimaden M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29 1939, at 4:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 7 - 1939 to Dec 29 - 1939, and that I last saw h[illegible] alive on Dec. 29 - 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	7 Months
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Pinucane M.D.
M. D. or other
Address Glenn Dale Sanatorium Date signed 12/29/39
Glenn Dale, md.

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12262

Reg. Dist. No. 245

1. PLACE OF DEATH:
County Prince Georges
City or town Hyattsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
18 Percy St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Virginia County
City or town Alexandria Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR V

3. (a) FULL NAME
Nannie O. Nevett

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

B (b) Name of husband or wife None
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
Abt 76			hrs. min.

9. Birthplace Alexandria, Va
(Town, county, and state)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Maj Jas. C. Nevett
13. Birthplace Ohio.
MOTHER 14. Maiden name Olivia ?
15. Birthplace Va
18. Informant Jas. C. Rust
Address 18. Percy St. Hyattsville. Md
17. Removal Date thereof 12/5/39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory
Location Alexandria Va
18. Funeral director John S. Arnold
Address Alexandria Va
19. Dec. 6" 39 Mrs. Jas. Severe
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1939, at 5-15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1. 1939 to Dec 5 1939, and that I last saw h/w alive on Dec 5 1939.

Immediate cause of death Apoplexy — DURATION 12/1/39.

Due to Gen. Arteriosclerosis, Hypertension — 12/1/39.

Due to Chr. Myocarditis — 12/1/39.

Other conditions — 12/1/39.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Martin Keane M. D. or other
Address Riverdale Md Date signed 12/5/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Mrs. Severe
25 Johnston

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12263

CERTIFICATE OF DEATH

(948)

Reg. Dist. No. 230

1. PLACE OF DEATH:

County PRINCE GEORGES

City or town GREENBELT, MD.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 20 A PARKWAY

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 1/2

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County PRINCE GEORGE

City or town GREENBELT Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 20 A CRESCENT

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME MARVIN J. NEVIUS

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife AMELIA CHRISTINE NEVIUS 6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) 7/22/1870

8. AGE: Years	Months	Days	If less than one day
69	5	4	hrs. min.

9. Birthplace ~~WHATCHEER, IOWA~~ RARITAN ILL.

(Town, county, and state)

10. Usual occupation PRINTER

11. Industry or business U.S. GOVT. PRTG. OFFICE

FATHER 12. Name JOSEPH NEVIUS

13. Birthplace 6-MILE RUN, N.Y.

MOTHER 14. Maiden name MARY HUGGINS

15. Birthplace NORTH ARGYLE, N.Y.

16. Informant AMELIA C. NEVIUS

Address 20A CRESCENT, GREENBELT, MD.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 12/26/39 (month) (day) (year)

Cemetery or crematory Washington

Location D.C.

18. Funeral director Joseph F. Birch's Sons

Address 3034 M St. N.W. Wash. D.C.

19. December 26 1939 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26- 1939, at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-26 1939, to 12-26 1939, and that I last saw him alive on 12-26- 1939.

Immediate cause of death CORONARY THROMBOSIS

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Joe W. Stiles M.D. M. D. or other

Address Greenbelt, Md. Date signed 12/26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1919
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12264

(151)

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Laurel
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Laurel Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Fred Atten

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Separated

6 (b) Name of husband or wife Sopie Atten
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) March 21, 1877

8. AGE: Years 62 | Months 9 | Days 5 | If less than one day ____ hrs. ____ min.

9. Birthplace Howard Co Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER 12. Name Henry J Atten
13. Birthplace Maryland
MOTHER 14. Maiden name Mary E West
15. Birthplace Germany
16. Informant Anna Fanfonon
Address Laurel
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 28th 1939 (mouth) (day) (year)
Cemetery or crematory St. Marys
Location Ellicott City Md.
18. Funeral director Lloyd Lauer
Address Laurel Md.
19. December 27 1939 (Date rec'd by registrar) Cora E. Wachter Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1939, at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h alive on ____ 19__.

Immediate cause of death	DURATION
Cerebral hemorrhage	
Due to Cardio. vascular renal	
Due to disease	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James D. Ford M. D. or other
Address Forestville Md Date signed 12-26-39

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-6)

12265

CERTIFICATE OF DEATH

Reg. Dist. No. 246

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince georges

City or town Mt. Rainier

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3504 Harvis St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince georges

City or town Mt. Rainier Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3504 Harvis St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Andrew Lee Parker

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	Widowed

6 (b) Name of husband or wife Augusta A. Parker

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1865

8. AGE: Years	Months	Days	If less than one day
74	11	10	hrs. min.

9. Birthplace Albany, N. Y. (Town, county, and state)

10. Usual occupation Retired Printer

11. Industry or business U. S. Govt.

FATHER 12. Name Andrew J. Parker

13. Birthplace N. Y.

MOTHER 14. Maiden name Elizabeth E. Holliday

15. Birthplace N. Y.

16. Informant Mrs. Mary J. Smith

Address 3709 Bunker Hill Rd. Brentwood

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 26, 1939 (month) (day) (year)

Cemetery or crematory Ft. Lincoln

Location Bladensburg Md

18. Funeral director W. W. Chambers Co.

Address Riverdale, Md.

19. Dec 24 1939 Mary Holly (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1939, at 4:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 21 1939, to Dec 23 1939, and that I last saw h- -m alive on Dec. 23 1939.

	DURATION
Immediate cause of death Acute Pulmonary edema	3 days
Due to Cardiac Decompensation	1 Mo.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm H Norton M. D. or other

Address Mt Rainier Md. Date signed 12-23-39

RECEIVED
DEC 29 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (131)

12266

Reg. Dist. No. 233

1. PLACE OF DEATH:

County Prince George

City or town Croome

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 79

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Croome Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel Patterson

3. (b) Social Security Number

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Susie Patterson

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30, 1861

8. AGE: Years 78 Months 2 Days 18 If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business General

FATHER 12. Name Samuel Patterson

13. Birthplace Md

MOTHER 14. Maiden name Sofie Lee

15. Birthplace Md

16. Informant Sadie Spencer

Address Croome Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof Dec 18 1939 (month) (day) (year)

Cemetery or crematory

Location Washington D.C.

18. Funeral director J. T. Stewart

Address 30 Hart Nw

19. Dec 18 1939 (Date rec'd by registrar) James B Naylor Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1939, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Cerebral hemorrhage

DURATION

Due to Cardio vascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 12-18-39

RECEIVED
JAN 5 1940
BUREAU V. S.

12267

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (946)

County Prince George Registration Dist. No. 242

Village or City Ardmore No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Edward Phillips If U. S. Veteran, specify WAR

(a) Residence: No. Ardmore St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Rose Beall

6. DATE OF BIRTH (month, day, and year): Oct. 3, 1842

7. AGE: Years 97 | Months 2 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): P. Geo. Md.

FATHER

13. NAME: Edward Phillips

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: ? Magruder

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mrs Evelyn Caldwell, 12 Marshall Colmar Manor Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Whitfield Lanham Md Date: Dec 6, 1939

19. UNDERTAKER (Address): F. Gasch's Sons, Hyattsville Md.

20. FILED 12-6-, 1939 Mrs. John N. Howser D.L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1933, to Dec. 3, 1939

I last saw him alive on Dec. 3, 1939; death is said to have occurred on the date stated above, at 3:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	12/3/39

Other Contributory Causes of Importance:

Generalized arteriosclerosis	1930

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas E. Mattingly M. D.

(Address) 2200 R.I. Ave. N.E.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JUN 5 1928 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12268

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 27 days

Stay in this community (yrs., or mos., or days): 27 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1843 Vernon St. N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: William McKinley Pryor

3. (b) Social Security Number: 577-09-7908

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	colored	married

6 (b) Name of husband or wife: Edna Foster Pryor

6(c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): June 22, 1899

8. AGE:

Years	Months	Days	If less than one day
40	5	13	____ hrs. ____ min.

9. Birthplace: Prince Georges Co. md (Town, county, and state)

10. Usual occupation: Truck Driver

11. Industry or business

FATHER

12. Name: James Pryor

13. Birthplace: Prince Georges Co. md

MOTHER

14. Maiden name: Catherine Pryor

15. Birthplace: Prince Georges Co. Md

16. Informant: Hospital Records and deceased.

Address

17. Lincoln Mem Md. Date thereof Dec 8, 1939 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location

16. Funeral director

Address 1432 N St N.W.

19. Dec 6 1939 (Date rec'd by registrar) Leo V. Schneider MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 5 1939, at 5:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 8 1939 to Dec 5 1939 and that I last saw h— alive on Dec 5 1939

	DURATION
Immediate cause of death: Pulmonary Tuberculosis	7 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: Pulmonary Tuberculosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: 12/5/39

Glenn Dale, Md.

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

12269

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
County Prince George Co.,
City or town Glendale Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 17 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pro George Co.,
City or town Glendale Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cathleen M. Pugh

3. (b) Social Security Number

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Willoughby L Pugh
6(c) If alive, give age 48 years
7. Birth date of deceased (mo., day, yr.) Jan. 22 1891

8. AGE: Years 48 Months 11 Days 8 If less than one day ___ hrs. ___ min.

9. Birthplace Va (Town, county, and state)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Edward Shumaker
13. Birthplace Va
MOTHER 14. Maiden name Amelia Hixson
15. Birthplace Va
16. Informant Mr. Willoughby L Pugh
Address Glendale Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 7, 1940 (month) (day) (year)
Cemetery or crematory St Georges Cemetery
Location Glendale Md
18. Funeral director F Gasch's sons
Address Bladensburg Md
19. 1 (Date rec'd by registrar) 19 Nob Schneider Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30, 1939, at 5 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1939, to Dec 30 1939, and that I last saw h[illegible] alive on Dec 28 1939.
Immediate cause of death: Cerebro Spinal Meningitis Non-epidemic. DURATION 1 yr
Due to Spinal Culture all negative unable to identify
Due to infection
Non-epidemic cerebro-spinal meningitis
Other conditions None Duration Ten months
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address 407 Franklin Hyattsville Date signed 12/30/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

12270

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH:

County Pr. Geo Co

City or town Clinton Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pr Geo Co

City or town Clinton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME — Roheson

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 18 1939

8. AGE: Years: Stillborn | Months | Days | If less than one day: 0 hrs. 0 min.

9. Birthplace Clinton Pr. Geo Co. Md.

(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Edward Bruner Roheson

13. Birthplace Belvedere N. J.

MOTHER

14. Maiden name Mae English Baker

15. Birthplace Marshall Hall Md.

16. Informant Mr Edward Bruner Roheson

Address Clinton Md

17. On Farm (Burial, ~~cremation~~, or ~~removal~~. ~~Which?~~) Date thereof 12 19 1939 (month) (day) (year)

Cemetery or crematory

Location Clinton, Md.

18. Funeral director None -

Address

19. 12/19 1939 Harvey E Lyles

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1939, at 6:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not attended, to 19

and that I last saw h not seen alive on 19

Immediate cause of death Stillborn

Due to prematurity

Due to placenta praevia

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Scott Ritchie M.D.

M. D. or other

Address Rte 1 Benning Sta D.C. Date signed Dec 18 1939

RECEIVED
JAN 6 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12271

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (158)

County Prince Geo. Registration Dist. No. 233

Village or City Croom No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Savoy If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 27 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Croom Baltimore
(State or country) Md

FATHER

13. NAME John Savoy

14. BIRTHPLACE (city or town) Croom Md.
(State or country)

MOTHER

15. MAIDEN NAME Catharine Savoy

16. BIRTHPLACE (city or town) Croom
(State or country) Md

17. INFORMANT John Savoy
(Address) Croom

18. BURIAL, CREMATION, OR REMOVAL
Place Croom Date Dec 25, 1939

19. UNDERTAKER John Savoy
(Address) Croom Md

20. FILED Dec 25 1939 Ernest N. Garner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 23, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1939, to Dec 23, 1939

I last saw him alive on Dec 23, 1939; death is said to have occurred on the data stated above, at 9 P.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Came here dying	
Undernourished	
Date of dying condition, when seen by physician	
Other **Contributory Causes** of Importance:	
Improper food — need of proper food	
Cred. R.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William H. Gibbons M. D.

(Address) Croom Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Called Baltimore City about place of birth on 4/23/40.
Born in Johns Hopkins Hospital.

RECEIVED JAN 1941 BUREAU V.S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

12272

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges

WITHIN CORPORATE LIMITS

City or town Hyattsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 8 Cedar St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Hyattsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 8 Cedar St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jeanette T. Schell

3. (b) Social Security Number

4. Sex F.

5. Color or race White

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Albert Schell

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17 - 1853

8. AGE: Years 86 Months 8 Days 12 If less than one day hrs. min.

9. Birthplace Canada (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER 12. Name Amos Thrasher

13. Birthplace Canada

MOTHER 14. Maiden name Elizabeth Hoar

15. Birthplace Vermont

16. Informant Mrs Dora Gelinas (daughter)

Address 8 Cedar St Hyattsville Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof Dec. 31, 1939 (month) (day) (year)

Cemetery or crematory

Location North Branch, Michigan

18. Funeral director W. W. Chambers Company

Address 918 Cleveland ave - Riverdale Md

19. Dec 30 1939 Jas Severy

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 - 1939, at 11.40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 10 1939, to Dec 29 1939, and that I last saw her alive on Dec. 29 1939.

Immediate cause of death Gangrene of great toe of Right foot. DURATION 24 days.

Due to Removal of Ingrown toe nail 36 days

Due to arteriosclerosis unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Ingrown toe nail.

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ernest F. Sappington MD. M. D. or other

Address 1103-16. Washington D.C. Date signed Dec 30-39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12273
243
Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Rural Near Glenn Dale md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 mo- 4 days
Stay in this community (yrs., or mos., or days) 1 mo- 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County D.C.
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 64- P St. N.W
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Wm Shorter

3. (b) Social Security Number 579-03-5108

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Married (Seperated)

8 (b) Name of husband or wife Gertrude Jackson

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 12- 1901

8. AGE:	Years	Months	Days	If less than one day
	38	10	17	— hrs. — min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual occupation Dish Washer

11. Industry or business Restaurant

FATHER
12. Name Wm W. Shorter
13. Birthplace md.

MOTHER
14. Maiden name Emma Bailey
15. Birthplace Va.

16. Informant Deceased
Address —

17. Removal. (Burial, cremation, or removal. Which?) Date thereof 12-29-39. (month) (day) (year)

Cemetery or crematory ____

Location ____

18. Funeral director J. + B. Johnson
Address Annapolis, Md.

19. Dec 29 1939 Leo V. Schneider M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29 1939, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 25- 1939 to Dec. 29- 1939 and that I last saw him alive on Dec. 29- 1939

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 yr. 9 mos.
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings: —
Of operations ____
Of autopsy ____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of Injury — Injured at work? —

23. SIGNATURE Daniel Leo Pinucane M.D.
M. D. or other
Address Glenn Dale Sanatorium Date signed 12/29/39
Glenn Dale, md.

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46B)

12274

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince George

City or town: East Riverdale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: High Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: East Riverdale P.O., Tanham Fund Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: High Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sanford Dent Simms

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

8 (b) Name of husband or wife: Carrie Simms

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 18, 1863

8. AGE: Years: 77 Months: — Days: — If less than one day ____ hrs. ____ min.

9. Birthplace: Wilderness, Va. (Town, county, and state)

10. Usual occupation: Electrician

11. Industry or business: Street Car Co.

FATHER

12. Name: George Simms

13. Birthplace: England

MOTHER

14. Maiden name: Ruth Elizabeth Weedon

15. Birthplace: Scotland

16. Informant: Mae Pettie

Address: Walcott, N. Y.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Dec 18 '39 (month) (day) (year)

Cemetery or crematory

Location: Washington, D.C.

18. Funeral director: W. H. Sardo & Co.

Address: 412 H St. N.E. Washington D.C.

19. Dec. 18 1939 Mrs. Jas. Severe Deputy Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 18 1939, at 6 15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18 1939, to Dec 18 1939, and that I last saw him alive on Dec 18 1939.

Immediate cause of death: Carcinoma of Stomach — DURATION: 6 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Lawrence W. Malin M.D. M. D. or other

Address: Riverdale, Md. Date signed: Dec 18, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
Dec 29 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12275

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Ritchie

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Ritchie Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE:

Years	Months	Days	If less than one day
18			hrs. min.

9. Birthplace Fondover Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER 12. Name Louis Spencer Smith

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Alice Shorter

MOTHER 15. Birthplace Maryland

16. Informant Elizabeth Smith

Address Ritchie Md

17. (Burial, cremation, or removal. Which?) Date thereof 12-5-39 (month) (day) (year)

Cemetery or ~~crematory~~ Woodmore Md

Location

18. Funeral director M. J. Malloy

Address 424 R St NW

19. 12-3-1939 (Date rec'd by registrar) Irene A. Cramer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1939 at 9:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw h alive on 19

Immediate cause of death	DURATION
Lobar Pneumonia	
Due to Pulmonary Tuberculosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy ?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James A. Boyd M. D. or other

Address Forestville Md Date signed 12-3-39

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131)

12276

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
County Prince Georges
City or town Brentwood Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Brentwood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 257 Daniel St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Julia Martha Smith

3. (b) Social Security Number

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: William A. Smith
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): March 9, 1860
8. AGE: Years 79 | Months 9 | Days 16 | If less than one day ____ hrs. ____ min.
9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: None
11. Industry or business
FATHER 12. Name: James Reeves
13. Birthplace: Virginia
MOTHER 14. Maiden name: Sarah J. Pearson
15. Birthplace: Virginia
16. Informant: Mr. Wm J. Smith
Address: 639 S. Irving Ave Sharon, Pa.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-30-39 (month) (day) (year)
Cemetery or crematory: Oakdale Cemetery
Location: Oakdale Va.
18. Funeral director: H. H. Chambers
Address: 918 Cleveland Ave., Riverdale, Md.
19. Dec. 29 1939 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Sgt. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1939 at 10:35 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 10 1938, to Dec 27 1939, and that I last saw her alive on 12-27 1939.
Immediate cause of death: Arteriosclerotic heart and kidney disease Cardiac Decompensation — DURATION 1920
Due to —
Due to —
Other conditions: Mumps Bilateral Hypertension — Dec 1944
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE: Geo. J. Hageage Mr. M. D. or other
Address: 27 Bolt Blvd Date signed 12-27-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12277

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges.

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale San.

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 1 mo -6 days

Stay in this community (yrs., or mos., or days): 1 yr. 1 mo -6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Washington D.C. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1666 - 34 St. N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Hans Stangl

3. (b) Social Security Number: none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife: Alice Stangl

6(c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): May 26 - 1898.

8. AGE: Years	Months	Days	If less than one day
41 -	7	3	hrs. min.

9. Birthplace: Bohemia - Czechoslovakia

(Town, county, and state)

10. Usual occupation: Butler

11. Industry or business:

FATHER

12. Name: Simon Stangl

13. Birthplace: Czechoslovakia

MOTHER

14. Maiden name: Kathyrn Taschner

15. Birthplace: Czechoslovakia

16. Informant: deceased.

Address:

17. Removal. (Burial, cremation, or removal. Which?) Date thereof: 12 - 29 - 39 (month) (day) (year)

Cemetery or crematory:

Location:

18. Funeral director: Wm R. Pumphrey

Address: 7005 Wis Ave. Bethesda Md.

19. Dec 29 1939 (Date rec'd by registrar) Leo V. McMeide M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 29. 1939, at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 23 1938, to Dec 29 1939, and that I last saw him alive on Dec 29 1939.

Immediate cause of death	DURATION
Pul. Tbc.	18 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Pul. Tuberculosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: 12/29/39

Glenn Dale, md.

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

12278

Reg. Dist. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Upper Marlboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.F.D. #1 Anacostia Station
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Upper Marlboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Sunnybrook Garden
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Robert Claud Talley

3. (b) Social Security Number 213-16-2135

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Della Talley
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 20, 1896

8. AGE:

Years	Months	Days	If less than one day
43	3	5	____ hrs. ____ min.

9. Birthplace Livingston County Ky
(Town, county, and state)
10. Usual occupation Merchant
11. Industry or business Farm

FATHER
12. Name Robert Lee Talley
13. Birthplace Kentucky

MOTHER
14. Maiden name Anna Viola Fox
15. Birthplace Kentucky

16. Informant Robert Lee Talley
Address Hodgenville Ky

17. Removal (Burial, cremation, or removal. Which?) Date thereof 12-25-39 (month) (day) (year)
Cemetery or crematory
Location Washington, D.C.

18. Funeral director J. Frank Murray
Address 741-11th St. S.E. Wash, D.C.

19. 12-25- 1939 Thos O Griffith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1939, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Acute congestive heart failure	
Due to Myocardosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James D Boyd M. D. or other
Address Forestville Md Date signed 12-27-39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-a)

CERTIFICATE OF DEATH

12279

Reg. Dist. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Parkland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Kentucky Ave
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Transient

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr Georges
City or town Suitland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Roland Leo Thomas

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1921

8. AGE: Years	Months	Days	If less than one day
18	7	16	hrs. min.

9. Birthplace Suitland (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Farm
FATHER 12. Name Joseph Thomas
13. Birthplace Maryland
MOTHER 14. Maiden name Mary Payne
15. Birthplace Maryland
16. Informant Mary Thomas
Address Suitland Md
17. (Burial, cremation, or removal. Which?) Date thereof 12/18/39 (month) (day) (year)
Cemetery or crematory Forestville R.I
Location
18. Funeral director John J. Stewart
Address 30-H St. NE.
19. 12-14- 1939 (Date rec'd by registrar) Thos. D. Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1939 at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Asphyxia	
Due to Car falling on Chest.	
Due to Jack slipped	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 12-13-39
Where did injury occur? Parkland (City or town) Pr Georges (County) Md (State)
Injured at home, farm, industry, public place (where?) On Road
Means of injury Car fell on him Injured at work? No

23. SIGNATURE James D. Boyd M. D. or other
Address Forestville Md Date signed 12-14-39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

CERTIFICATE OF DEATH

12280

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges

City or town Riverdale (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Riverdale Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 727 Jefferson Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nellie Searle Thurston

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Ralph Thurston

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 1, 1857?

8. AGE: Years 82? Months 11 Days 5 If less than one day ____ hrs. ____ min.

9. Birthplace: Southampton, Mass. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER 12. Name: unknown

13. Birthplace: Mass.

MOTHER 14. Maiden name: ? Bliss

15. Birthplace: Mass.

16. Informant: Arthur Searle Thurston

Address: 727 Jefferson Ave - Riverdale

17. Removal (Burial, cremation, or removal. Which?) Date thereof Dec. 7, 1939 (month) (day) (year)

Cemetery or crematory

Location: Boston, Massachusetts

18. Funeral director: W. W. Chambers Co.

Address: Riverdale, Md.

19. Dec. 7 1939 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 6 1939, at 5 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20, 1939, to Dec. 6, 1939, and that I last saw her alive on Dec. 5, 1939.

Immediate cause of death: Carcinoma of liver — DURATION: 8 Mos.

Due to ✓

Due to ✓

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Guy W. Fatemer M.D. M. D. or other

Address: 21 Spencer St. Hyattsville, Md. Date signed 12-6-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

12281

CB

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 3 mo - 29 d

Stay in this community (yrs., or mos., or days): 3 mo - 29 d

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1128 Columbia Rd - N.W. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Anna Belle Twitty

3. (b) Social Security Number: 579-14-7594

4. Sex: female

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Frank M Twitty

6(c) If alive, give age: Not Given years

7. Birth date of deceased (mo., day, yr.): Nov 27, 1905

8. AGE: Years: 34 Months: 0 Days: 9 If less than one day: ____ hrs. ____ min.

9. Birthplace: Water Valley, Miss (Town, county, and state)

10. Usual occupation: maid

11. Industry or business: Housework.

FATHER

12. Name: Clarence Booker

13. Birthplace: Water Valley Miss

MOTHER

14. Maiden name: Minnie Caldwell

15. Birthplace: Water Valley Miss

16. Informant: Hospital Records and deceased.

Address:

17. Lincoln Nem Md (Burial, cremation, or removal. Which?) Date thereof: Dec 8th, 1939 (month) (day) (year)

Cemetery or crematory:

Location:

18. Funeral director: Thomas Jarvis

Address: 1433 Vermont St. N.W.

19. Dec 6th 1939 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 6 1939, at 4:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 7 1939, to Dec 6 1939, and that I last saw her alive on Dec 6 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 6 mo

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Pulmonary Tuberculosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: 12/5/39

Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 27 1939
BUREAU F. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12282

Reg. Dist. No. 2 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges County
City or town Berwyn Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 9 yeare

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pro Georges Co.
City or town Berwyn md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Balto Blvd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Margaret Weise

3. (b) Social Security Number

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: Frank Weise
6(c) If alive, give age ✓ yeare
7. Birth date of deceased (mo., day, yr.): July 4, 1863.
8. AGE: Years 76 yrs Months 5 Days 21 If less than one day ____ hrs. ____ min.
9. Birthplace: Ireland (Town, county, and state)
10. Usual occupation: none
11. Industry or business:
FATHER 12. Name: Bernard Myers
FATHER 13. Birthplace: Ireland
MOTHER 14. Maiden name: unknown
MOTHER 15. Birthplace: Ireland
16. Informant: Corinne Weise
Address: Berwyn Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 27, 1939. (month) (day) (year)
Cemetery or crematory: Mt. olivet Cemetery
Location: Washington D.C.
18. Funeral director: L Gasche sons
Address: Hyattsville Md.
19. December 26 1939 (Date rec'd by registrar) John D Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 25, 1939, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 25 1939 to Dec 25 1939 and that I last saw h[e] alive on Dec 25 1939

	DURATION
Immediate cause of death: Acute Cardiac Dilatation	12/25
Due to: Chr. Nephritis	7
Due to:	
Other conditions: Arteriosclerosis	7

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Martin Keane M. D. or other
Address Lincoln Md Date signed Dec 26/39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12283

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince George's County

City or town: College Park Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Baltimore Blvd

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Prince Georges

City or town: College Park Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Baltimore Bl'vd

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Mary Agnes Wood

3. (b) Social Security Number:

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Henry G. Wood

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 24, 1861

8. AGE: Years: 80 yrs Months: 1 Days: 11 If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: Charles Hipkins

13. Birthplace: Md

MOTHER

14. Maiden name: Christine H. Hammond

15. Birthplace: Md.

16. Informant: Christine H. Wood

Address: College Park Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 7, 1939 (month) (day) (year)

Cemetery or crematory: Hyattstown Christian Cemetery

Location: ~~Hyattstown Md.~~

18. Funeral director: Francis Gasch's Sons

Address: Hyattsville Md.

19. Dec. 7 1939 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 5, 1939 at 11 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 30, 1939, to Dec. 5, 1939, and that I last saw her alive on Dec. 5 1939.

Immediate cause of death: Carcinoma of Liver — DURATION: 6 mos

Due to: ✓

Due to: ✓

Other conditions: ✓

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Guy W. Patterson M.D. M. D. or other

Address: 21 Spencer St. Hyattsville, Md. Date signed: 12-5-39

RECEIVED
DEC 12 1939
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (81)

12284

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges

City or town Hyattsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 66 Franklin St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 16 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Hyattsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 66 Franklin St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edwin Lewis Yancey

3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Edith M. Yancey

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1867

8. AGE: Years 72 Months 8 Days 11 If less than one day hrs. min.

9. Birthplace Culpepper, Va. (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Contractor & builder

FATHER 12. Name Lewis Yancey

13. Birthplace Culpepper Va.

MOTHER 14. Maiden name Sarah A. Miller

15. Birthplace Culpepper Va.

16. Informant Louis T. Yancey

Address 66 Franklin St. Hyattsville

17. Removal (Burial, cremation, or removal. Which?) Date thereof 12/18/39 (month) (day) (year)

Cemetery or crematory

Location Culpepper Va.

18. Funeral director W. W. Chambers Co.

Address Riverdale Md.

19. Dec. 17 1939 Mrs. Jas. Severe Deputy Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15 1939, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1939, to Dec. 15 1939, and that I last saw him alive on Dec. 15 1939.

Immediate cause of death	DURATION
Myocardial disufficiency with myocardial degeneration	6 mos.
Due to Pernicious anemia	9 years.
Due to	
Other conditions Post-Lat. Sclerosis	4 years.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible] M.D. M. D. or other

Address Hyattsville, Md. Date signed 12-16-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12285

468

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince George

City or town Riverdale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8 years 11 - Mo

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Riverdale Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 310 Baltimore Blvd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Not a veteran

3. (a) FULL NAME James David Yarbrough

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ella C. Yarbrough

6(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) April - 24 - 1868

8. AGE: Years 71 Months 8 Days 6 If less than one day ___ hrs. ___ min.

9. Birthplace Lizella, Georgia (Town, county, and state)

10. Usual occupation Retired - U.S. Govt.

11. Industry or business Dept. of Agriculture

FATHER

12. Name Richard Yarbrough

13. Birthplace Lizella Georgia

MOTHER

14. Maiden name Martha Causey

15. Birthplace Lizella, Georgia

16. Informant Ella C. Yarbrough

Address 310 - Balto. Blvd.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 12/31/39 (month) (day) (year)

Cemetery or crematory

Location Washington, D.C.

18. Funeral director The J. H. Hines Co

Address 2901 - 14th St. N.W.

19. Dec 31 1939 Mrs. Jas Severe Deputy Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1939, at 4 10/10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 4 1939, to Dec 31 1939, and that I last saw him alive on Dec 31 1939.

Immediate cause of death Cardiac Dilatation — DURATION 12/31

Due to Carcinoma of Liver — ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Martin J. Keane M. D. or other

Address Riverdale Md Date signed 12/31/39

RECEIVED
JAN 5 1940
BUREAU V. S.